



ELECTION TO CONTINUE YOUR LONG TERM CARE INSURANCE COVERAGE

Mail to: Unum Life Insurance Company of America
LTC Customer Services
2211 Congress Street
Portland, Maine 04122

Policy Number:

TO BE COMPLETED BY THE EMPLOYER

Company Name		Plan Number
Company Data:		
Street	City	State/Zip
Company Address:		
Last Name	First Name	Middle Initial
Employee Name:		
Date of Birth	Social Security Number	<input type="checkbox"/> Male
Employee Data:		<input type="checkbox"/> Female
Name(s)		<input type="checkbox"/> Employee
Person terminating group coverage:		<input type="checkbox"/> Employee's Spouse or Domestic Partner (if applicable)
Reason person is terminating group coverage:		<input type="checkbox"/> Termination of Employment
		<input type="checkbox"/> Death of Spouse or Domestic Partner
		<input type="checkbox"/> Divorce
		<input type="checkbox"/> Other
Date group coverage terminates:		
Month	Day	Year
Current monthly premium payment:		
Employee	\$ _____ /month	Spouse
		\$ _____ /month
Signature of Employer:		Date:

TO BE COMPLETED BY THE EMPLOYEE

If you are an insured employee, you may be eligible to continue your long term care insurance coverage after your group coverage terminates. If you wish to continue your coverage, please complete this form and return it to the insurer at the address listed above. This form must be completed and returned within the time period specified in your certificate. **You will be responsible for the entire cost of your coverage.** Unum will mail bills to you at the address you provide below.

Street	City	State/Zip	Telephone
Mailing Address:			
Monthly	Quarterly (Paper)	Semi-Annually (Paper)	Annually (Paper)
<input type="checkbox"/> Automatic payment via checking account	<input type="checkbox"/> (3x monthly rate)	<input type="checkbox"/> (6x monthly rate)	<input type="checkbox"/> (12x monthly rate)
Signature of Employee:			Date:

TO BE COMPLETED BY THE EMPLOYEE'S SPOUSE OR DOMESTIC PARTNER (IF APPLICABLE)

If you are the insured spouse or domestic partner or former spouse or domestic partner of the above employee, you may be eligible to continue your long term care insurance coverage after your group coverage terminates. If you wish to continue your coverage, please complete this form and return it to the insurer at the address listed above. This form must be completed and returned within the time period specified in your certificate. **You will be responsible for the entire cost of your coverage.** Unum will mail bills to you at the address you provide below.

Last Name	First Name	Middle Initial
Name:		
Street	City	State/Zip
Mailing Address:		
State/Zip	Telephone	
Date of Birth	Social Security Number	<input type="checkbox"/> Male
Data:		<input type="checkbox"/> Female
Monthly	Quarterly (Paper)	Semi-Annually (Paper)
<input type="checkbox"/> Automatic payment via checking account	<input type="checkbox"/> (3x monthly rate)	<input type="checkbox"/> (6x monthly rate)
Payment Options:		<input type="checkbox"/> (12x monthly rate)
Signature of Employee's Spouse/Domestic Partner:		Date:

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Information About Continuing Your Long Term Care Insurance Coverage

Should The Certificate Of Insurance Be Kept?

If you elect to continue your long term care coverage, you will not receive a new Certificate of Insurance. You should keep the Certificate of Coverage that was issued to you under the group plan.

Can Coverage Be Changed?

You may apply at any time to increase coverage by filling out a new application, which includes evidence of insurability. Call Unum at (800) 227-4165 for assistance.

Where Should Premium Payments Be Sent?

You must remit all premium payments directly to Unum. The address is:
Unum Life Insurance Company of America
P.O. Box 406933
Atlanta, Georgia 30384-6933

Your Certificate of Coverage sets forth in detail the rights and obligations of both you and the insurer. Please refer to your Certificate for more information including the number of days in your grace period, how long Unum will continue to pay for long term care benefits and when your coverage will terminate.